

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

Western District of New York

Scott Dingwall

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

NIAGARA County Sheriff Office Niagara County Medical
Dept. Town of Lewiston Police Dept. Town of Niagara
Police Dept. Town of Lewiston Police Officer King Town
of Niagara Officer A. MAHMOOD Bridge # 6129

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

24 CV 1134-V

(to be filled in by the Clerk's Office)

JURY TRIAL: Yes ☒ No ☐

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

A. The Plaintiff(s)

14094
Zip Code

14094
Zip Code

14092
Zip Code

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Defendant No. 3

Name

TOWN OF NIAGARA Police department

Job or Title (if known)

Officer A. MAHMOOD

Shield Number

Employer

Address

NIAGARAFALLS
CityNY
State14304
Zip Code

Individual capacity



Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code



Individual capacity



Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

ineffective right to Counsel, failure due process, fraudulent claims

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☒ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.
- ① They arose at my house at 5946 Barlow Rd. Niagara Falls NY they happened on or around May 1st 2024. ② around the 26th of June on S. Wilkison Road and Military Road in Niagara Falls, I was intentionally hit by a police car driven by A. MAHMOOD.
- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.
- ① Once I was taken in custody, I informed the IPO officer, as well as the Medical department to contact my family and on/ office of the aging to protect my brother who had a TBI and they said they would take care of it, and there not doing so, caused my brothers pre-mature death.

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C. What date and approximate time did the events giving rise to your claim(s) occur?

① Approximately May 1st 2024 Death of my Brother ② Approximately June 26th 2024 hit by Police cruiser.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

① I hit intentionally on my E-Bike and I suffered a broken rib and head injury, loss of memory, severe headaches Town of Nias. Officer A. Mahmood hit me with her police car and I went in between a residence car and house where I crashed and laid there for several hours until I regain consciousness. Caught on Car Camera. My brother was left to care for himself when he had a previous brain injury. I told officer King of the Town of Lewiston P.D. that my brother needed 24 hr. care and he said he was aware and he would have my brother looked after.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

① I have a broken rib and I hit my head which caused memory loss and I still have difficulties breathing and my rib is sticking out. I had X-ray done and had to wear a ace bandage for a few weeks.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I would like the court for ① case my being hit by Police car, I would like \$25,000.00 for pain and suffering and I have a case of Stolen Property criminal case with no merit dismissed ② the death of my brother, I would like \$750,000.00 for my brother was the only sibling whom I was close to. I took care of him. I miss him to this day. The Police know they were wrong, they apologized numerous times when I called them to report his being deceased. Also, several Correctional Officers whom knew about the situation apologized once I was remanded in custody. This is a contributing factor to why I was arrested numerous times and told to figure it out in court, because I told the Police they are responsible and I was going to file a claim.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☐ Yes

☒ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

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D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

E. If you did file a grievance:

1. Where did you file the grievance?

2. What did you claim in your grievance?

3. What was the result, if any?

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I've written every court Judge, attorney, general's office etc. And pleaded for help, guidance, an investigation and I haven't got 1 single response regarding this matter except from you.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I informed the Town of Lewiston Courts in writing
I informed the Town of Niagara Courts in writing
there response is every attorney withdraw from representing me and I got a 150,000.000 bail on a non violent E-felony

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

The Police, Courts, and Facility I'm being should of been illegally detained in all know of my situation and ROR'd.
I'm without a lawyer for my criminal cases, my state and federal rights are being violated daily and know one is

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

I only be filed one other lawsuit for a "prea" claim in which I was sexually assaulted by a Correctional Officer in Cleveland Correctional facility and it was investigated by officials from Albany, and the C.O. was removed from his post and reprimanded and I in fact had 2 witnesses and never got a response to what the outcome was. I was offered \$25,000.00 which I declined and its been approaching 3 years and I would like a response to the status of that claim.

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A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) Scott Dingwall

Defendant(s) C.O. Bryan Cleveland Corr. Inst.

2. Court (if federal court, name the district; if state court, name the county and State)

Livingston County Attorney General's office

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

2-2022

6. Is the case still pending?

☒ Yes ?
☒ No

If no, give the approximate date of disposition.

?

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

I have no idea! I've written, and never got a response it was a very traumatic incident, and I've tried to bury it in my memory. I was offered \$25,000.00 prior to my release, and I declined the offer and I was told the case had merit, and the officer had prior PREA complaints and I was told that Albany official from PREA would be in touch and I haven't heard one thing

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11-5-2024

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Scott J. Dingwall

Scott J. DINGWALL

6190 A

P.O. Box 496

Lockport
City

NY
State

14094
Zip Code

Alternative Address
6864 Ward Rd
NF NY 14304

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City State Zip Code

Telephone Number

E-mail Address

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

Town of Lewisiston,
Town of Niagara, Niagara
County Sheriff's Dept
~~Plaintiffs~~
v.
Scott Dingwall
Defendant(s).

COMPLAINT
(Pro Se Prisoner)

Case No. _____
(Assigned by Clerk's
Office upon filing)

Jury Demand
☒ Yes
☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's social security number, taxpayer identification number, or birth date; the name of a person known to be a minor; or a financial account number. A filing may include *only*: the last four digits of a social security number or taxpayer-identification number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Fed. R. Civ. P. 5.2.

I. LEGAL BASIS FOR COMPLAINT

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution and laws of the United States. Indicate below the federal basis for your claims.

☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)

☐ *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971)
(federal defendants)

☒ Other (please specify) _____

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF

NIAGARA X

In the Matter of the Claim of

Scott Dingwall

- against -

NOTICE ~~OF~~☐ Village ☐ Town ☐ City ☐ County ofTown of Lewiston Police Department
NIAGARA COUNTY SHERIFF XTO: ☐ Village ☒ Town ☐ City ☐ County of Niagara

PLEASE TAKE NOTICE that the claimant herein hereby makes claim and demand against you as follows:

1. The name and post-office address of the claimant and of his/her attorney is:

ClaimantClaimant's AttorneyScott Dingwall
6864 Wood Road
Niagara Falls, New York
14304

2. The nature of the claim:

I was arrested on a warrant on about April 26 - May 2, and Town of Lewiston Officer King was the arresting officer. I told him that my brother can't be left alone, that I am his care taker cause he has a brain injury. The Town of Lewiston police and the Niagara County Sheriff's Office are well aware of my brother's condition. They've been called to my residence on a number of occasions for my brother. I told Officer King he can't be left unattended and he said he would take care of it. I also notified the IPO officer at the Niagara County Jail and I also

3. The time when, the place where and the manner in which the claim arose: The incident occurred on
- May 2
- , 20
- 24
- , at or about
- 2
- ☐
- a.m.
- ☒
- p.m.,

I returned home from Niagara County Jail and found my brother John Siglak deceased. left the medical department know and they said they would make sure my brother would be taken care of.

4. The items of damage or injuries claimed are:

That said claim and demand is hereby presented for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NIAGARA X

In the Matter of the Claim of

Scott Dingwall

- against -

NOTICE ~~ON~~

☐ Village ☐ Town ☐ City ☐ County of

Town of Niagara Police Department X

TO: ☐ Village ☒ Town ☐ City ☐ County of Niagara

PLEASE TAKE NOTICE that the claimant herein hereby makes claim and demand against you as follows:

1. The name and post-office address of the claimant and of his/her attorney is:

Claimant

Claimant's Attorney

Scott Dingwall
6864 Ward Road
Niagara Falls, New York
14304

2. The nature of the claim:

I was visiting my girlfriend at 611 Elm Place and the Town of Niagara Police pulled up and harassed me and my girlfriend, they ran my name for a warrant and told me I was free to go. I left on my E-Bike and after I was approximately 1 mile away the Officer pursued me on my bike with no emergency lights on and eventually rammed me with her Patrol Car intentionally which caused me to lose control of my bike and crashed into someones yard where I laid unconscious for 2 hours.


3. The time when, the place where and the manner in which the claim arose: The incident occurred on June, 2024, at or about 10 ☐ a.m. ☒ p.m.,

On Military Road I was riding on sidewalk and being followed by Town of Niagara Police and was intentionally struck on intersection of Military Rd and South Whitman

4. The items of damage or injuries claimed are:

That said claim and demand is hereby presented for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Dated: September 19, 2024
Lockport, New York




Signature
Scott Dingwall

Print Name

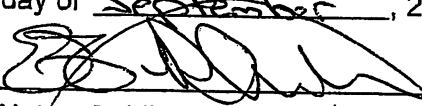
STATE OF NEW YORK)
) ss.:
COUNTY OF)

I, Scott Dingwall, am the Claimant in the above-entitled action. I have read the foregoing complaint and know the contents thereof. The contents are true to my own knowledge except as to matters therein stated to be alleged upon information and belief, and as to those matters, I believe them to be true.



Signature

Sworn to before me on this 19
day of September, 2024



Notary Public

ERIK H RICHARDS
NOTARY PUBLIC
STATE OF NEW YORK
COMM # 01R16313489
MY COMMISSION EXPIRES 10-20-27

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

(a) PLAINTIFFS Scott Dingwall(b) County of Residence of First Listed Plaintiff NIAGARA
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS NIAGARA County Sheriff NIAGARA County
Correctional Facility Medical Dept. Town of Lewiston
Town of NIAGARA

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

24 CV 1134

I. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|---------------------------------------|---|----------------------------|---------------------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input checked="" type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

V. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input checked="" type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input checked="" type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input checked="" type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input checked="" type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <input checked="" type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	IMMIGRATION	FEDERAL TAX SUITS	
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input checked="" type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<input type="checkbox"/> Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> Other: <input type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	

ORIGIN (Place an "X" in One Box Only)

- ☒ Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

I. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

PERSONAL INJURY, WRONGFUL DEATH

Brief description of cause:

INTENTION VEHICULAR ASSAULT / WRONGFUL DEATH

II. REQUESTED IN COMPLAINT:

☒ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

Yes

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

III. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

VTE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

1117A7

